

CHNIG New Undergraduate Student Grant 2025 APPLICATION FORM

Full Name:

Mailing Address:

Phone:

Email:

RNAO registration #:

Number of years as CHNIG Member:

Undergraduate Nursing Program enrolled:

Expected completion date:

Previous recipient of CHNIG Undergraduate Student Grant: No Yes

***NOTE: Applicants can receive one CHNIG Educational Scholarship, Grant or Research Award per degree.**

Please attach the following documents along with your application form:

- A letter or email confirming proof of RNAO and CHNIG membership
- Applicant's CV (2 page limit)
- One-Page Biographical Statement (Max. 500 words)
- One letter of reference

APPLICATION VERIFICATION

The information I have provided is accurate.

Consent

I give consent for my name to appear on CHNIG media if I receive this award.

ATTENTION: You are responsible for ensuring that all supporting documents are received by the deadline date and time to the email listed above. Incomplete or late applications will not be reviewed in this competition.